

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
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50				
Total Indep	9			
Total Depend				
Total Claims	10			

	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
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99				
100				
Total Indep	8			
Total Depend				
Total Claims	37			